



State of New Jersey
Department of Banking and Insurance
Third Party Billing Service (TPBS)
**APPLICATION FOR TEMPORARY INITIAL
CERTIFICATION
FORM**

CERTIFICATION

I _____ certify that I am authorized to file this certification on
(Name and Title of Officer or Director)

behalf of the applicant, the information set forth in the enclosed application is true and complete to the best of my knowledge, belief and information and that the Commissioner of Banking and Insurance may rely on the information set forth herein, in issuing a temporary initial certification pursuant to N.J.S.A. 17B:27B-1 et seq.

I further certify that _____ is familiar with and is in
(Name of TPBS Applicant)

Compliance with the requirements set forth in N.J.S.A. 17B:27B-1 et seq. and N.J.A.C. 11:23-1 et seq. and all other applicable law, and that the applicant has met or exceeded the requirements stated therein. In addition, the applicant meets the definition of a TPBS and does not assume financial risk,

Signature of Officer or Director

Full Legal Name (Type or Print)

Title

Date

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____
20____.

(Notary Public)

My Commission Expires _____

Seal